

Attachment M
Arkansas Purchasing Card Program
Business Information

	YES	NO
Is your business a resident business located in the State of Arkansas?		
Is your business a branch, division, or subsidiary of a holding company or other types of parent company?		
Is your business a division, branch, or subsidiary of a business out of the state?		
Are there any affiliates associated with your business located in the State of Arkansas?		
Do you employ Arkansas Residents?		
**Has your business or any affiliates performed services for the State of Arkansas?		
**Is your business or any affiliates presently performing services for the State of Arkansas?		
** The State of Arkansas Includes Agencies and Higher Education Institutions		
Information requested in Sections 2.17 , 2.18 and 2.19 has been provided?		
Information requested in Section 3.0.1 has been provided?		
Information requested in Section 3.2 has been provided?		
Number of employees will be working directly on the Arkansas Purchasing Card Program? _____		
Number of employees will be dedicated to the Arkansas Purchasing Card Program? _____		
Number of years business has offered credit cards services? _____		
Number of years offering purchasing card services to corporations and government (public) the size of Arkansas? _____		

<p>Company Name: _____</p> <p style="text-align: center;">(Type or Print)</p> <p>Authorized Agent: : _____</p> <p>Name: _____</p> <p>Title: _____</p> <p style="text-align: center;">(Type or Print)</p> <p>Signature: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Telephone Number: _____</p> <p>Fax Number: _____</p> <p>E-Mail Address: _____</p> <p>Web Site: _____</p> <p>_____</p> <p style="text-align: center;">Federal Employer Identification Number or Social Security Number</p>	<div style="border: 1px solid black; height: 100%;"></div>												
<p>Business Designation (Check One)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Public Service Corporation</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> Sole Proprietorship</td> </tr> <tr> <td><input type="checkbox"/> Government/Nonprofit</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Corporation</td> </tr> </table> <p>Minority Indicator:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> N/A</td> <td><input type="checkbox"/> American Indian/Alaskan Native</td> </tr> <tr> <td><input type="checkbox"/> Asian or Pacific Islander</td> <td><input type="checkbox"/> Black not Hispanic</td> </tr> <tr> <td><input type="checkbox"/> Women Owned Business</td> <td><input type="checkbox"/> Hispanic</td> </tr> </table>		<input type="checkbox"/> Public Service Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Government/Nonprofit	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> N/A	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black not Hispanic	<input type="checkbox"/> Women Owned Business	<input type="checkbox"/> Hispanic
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